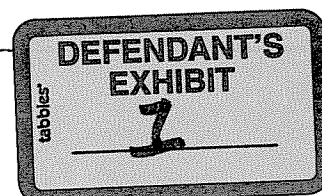


CHARGE OF DISCRIMINATION		AGENCY <input type="checkbox"/> FEPA <input checked="" type="checkbox"/> EEOC	CHARGE NUMBER 130-2004-03106
This form is affected by the Privacy Act of 1974; See Privacy Act Statement before completing this form.			
State or local Agency, if any			
NAME (Indicate Mr., Ms., Mrs.) Ms. Winnifred Blackledge		HOME TELEPHONE (Include Area Code) 251-634-8791	
STREET ADDRESS 3011 Azalea Trace Dr. N.	CITY, STATE AND ZIP CODE Mobile, AL 36695	DATE OF BIRTH 10/14/57	
NAMED IS THE EMPLOYER, LABOR ORGANIZATION, EMPLOYMENT AGENCY, APPRENTICESHIP COMMITTEE, STATE OR LOCAL GOVERNMENT AGENCY WHO DISCRIMINATED AGAINST ME (If more than one list below)			
NAME Alabama State Department of Mental Health and Mental Retardation	NUMBER OF EMPLOYEES, MEMBERS 15 +	TELEPHONE (Include Area Code) 251-621-0760	
STREET ADDRESS 7400 Roper Lane	CITY, STATE AND ZIP CODE Daphne, AL 36526	COUNTY Baldwin	
NAME	TELEPHONE NUMBER (Include Area Code)		
STREET ADDRESS	CITY, STATE AND ZIP CODE	COUNTY	
CAUSE OF DISCRIMINATION BASED ON (Check appropriate box(es))		DATE DISCRIMINATION TOOK PLACE EARLIEST (ADEA/EPA) LATEST (ALL)	
<input checked="" type="checkbox"/> RACE <input checked="" type="checkbox"/> COLOR <input type="checkbox"/> SEX <input type="checkbox"/> RELIGION <input type="checkbox"/> AGE <input type="checkbox"/> RETALIATION <input type="checkbox"/> NATIONAL ORIGIN <input type="checkbox"/> DISABILITY <input type="checkbox"/> OTHER (Specify)		6/8/04	
		<input checked="" type="checkbox"/> CONTINUING ACTION	
THE PARTICULARS ARE (If additional paper is needed, attach extra sheet(s)):			
1. I have been employed with Respondent since approximately 1987. I currently hold the position of Mental Health Social Worker II. 2. In October of 2003 the position of Community Service Specialist III was posted. I was interested and applied for said position. I was qualified for said position as I had been in the Community Service Department for approximately 18 years. I had already been doing the job duties of said position for several years. The position was given to a white female with no experience in the Community Service Department. The respondent has pre-selected white employees for positions without actually giving consideration to black employees. 3. I have been adversely affected by these discriminatory practices by being deprived of the equal opportunity to be paid a salary that is equal to my job duties because of my race. Other similarly situated white employees are hired and promoted and paid higher salaries without regard to their job duties or qualifications. 4. Upon information and belief, I believe that I have been discriminated against in pay, promotions, job/work assignments and other adverse terms and conditions of employment on the basis of my race in violation of Title VII of the Civil Rights Act of 1964, as amended by the Civil Rights Act of 1991. 5. Respondents conduct is part of a pattern and practice which has resulted in both disparate treatment and impact against myself and other similarly situated black employees on a class wide basis. Respondent continues to pre-select white employees for all positions without giving black employees the opportunity for promotions.			
I want this charge filed with both the EEOC and the State or local Agency, if any. I will advise the agencies if I change my address or telephone number and I will cooperate fully with them in the processing of my charge in accordance with their procedures. I declare under penalty of perjury that the foregoing is true and correct.		NOTARY - (When necessary for State and Local Requirements)	
		I swear or affirm that I have read the above charge and that it is true to the best of my knowledge, information and belief.	
Date 6/8/04 Winnifred A. Blackledge Charging Party (Signature)		SIGNATURE OF COMPLAINANT	
		SUBSCRIBED AND SWORN TO BEFORE ME THIS DATE (Day, month, and year)	

EEOC FORM 6 (10/94)



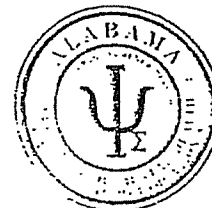


BOB RILEY
GOVERNOR

STATE OF ALABAMA

DEPARTMENT OF MENTAL HEALTH
AND MENTAL RETARDATION

REGION III - RCS
7611 LAKE RD. SO. BLDG 100
MOBILE, ALABAMA 36605-6001
PHONE: (251) 443-1760
FAX: (251) 443-5969



KATHY E. SAWYER
COMMISSIONER

ANNOUNCEMENT OF INTENT TO FILL A NON-MERIT SYSTEM POSITION
AN EQUAL OPPORTUNITY EMPLOYER
DEPARTMENTAL

JOB TITLE: COMMUNITY SERVICE SPECIALIST III
JOB CODE: T3000
SALARY RANGE: 72
JOB LOCATION: MR REGION III
7611 LAKE RD. SO. BLDG 100
MOBILE, ALABAMA 36605-6001

NUMBER: 03-11
POS#:
DATE: October 27, 2003

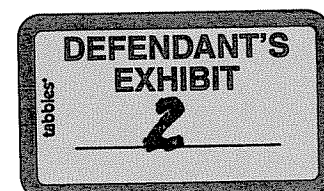
QUALIFICATIONS: Masters degree in psychology, special education or related human service field. Progressively responsible administrative experience in the field of mental retardation. Licensure/certification as required by discipline and valid drivers license.

KIND OF WORK: This is highly responsible professional work requiring clinical skills and extensive experience in working with community mental retardation programs. The employee in this position coordinates assessment activities and provides training to providers in the use of functional assessments, ICAPS and other assessment tools. Technical assistance is given to community providers in skill acquisition behavioral training and person centered planning. This person provides technical assistance to service providers to facilitate compliance with standards, rules and regulations. The employee assists with the outplacement, diversion and waiting list individuals. This person travels throughout the 10 counties of southwest Alabama. Serves as professional on 24 hour call.

REQUIRED KNOWLEDGE, SKILLS AND ABILITIES: Ability to plan, organize and prioritize work with independence. Ability to communicate effectively in writing and orally and to conduct individual and group training. Possess computer skills in word processing and data base programs.

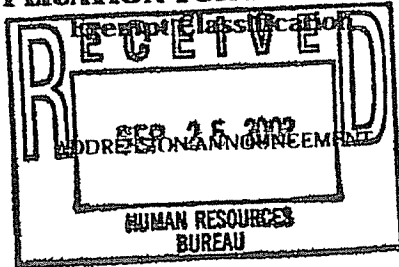
METHOD OF SELECTION: Applicants will be rated on the basis of an evaluation of their training, experience and education and should provide adequate work history identifying experiences related to the duties and minimum qualifications as above mentioned. All relevant information is subject to verification. Drug test required. Security clearances will be conducted on prospective applicants being given serious consideration for employment and whose job requires direct contact with patients.

HOW TO APPLY: Use an Official Application for Professional Employment (Exempt Classification) which may be obtained from this office. The Application should be returned to Personnel Office, Dept. of Mental Health/Mental Retardation, P. O. Box 301410 Montgomery, AL 36130 IN ORDER TO BE CONSIDERED FOR THIS POSITION. DO NOT RETURN THIS APPLICATION TO THE STATE PERSONNEL DEPARTMENT. PLEASE HAVE AN OFFICIAL COPY OF TRANSCRIPT(S) FORWARDED TO THE PERSONNEL DEPARTMENT AT THE ABOVE ADDRESS. Applications may be obtained from www.mh.state.al.us. Submission must be by November 10, 2003.





APPLICATION FOR EMPLOYMENT



GENERAL INSTRUCTIONS

Complete all portions of this application that are applicable to you and the position for which you are applying. Failure to do so may result in your not being considered for the position for which you applying Type or print clearly in ink.

AN EQUAL OPPORTUNITY EMPLOYER

Full Name BLACKLEDGE WINIFRED ANN

Social Security Number 421-92-0861

Address 3011 AZALEA TRACE DRIVE
MOBILE, AL 36695

If you are applying for a specific current vacancy, please give position title and announcement # 02-25

PLANNING & QUALITY ASSURANCE
SPECIALIT II

Telephone Home: 251) 634-8791
 Number Office: 251) 443-1764

Legal Residence MOBILE, MOBILE, ALABAMA

Place of Birth MOBILE, MOBILE, ALABAMA

Minimum annual salary you would consider: _____

REFERRAL

Where did you learn about the job for which you applied, or about the Department's application procedure?

- ☐ Voluntary Walk-in
☐ State Employment Service
☐ College Career Day
☐ DMH/MR Employee
☐ Newspaper Ad
☐ Professional Journal Ad
☐ Radio/TV Ad
☐ Private Employment Agency
☒ State Personnel Department
☐ Professional Convention
☐ Friend/Relative
☐ Responded to Announcement of Vacancy
☐ Other Please explain: _____

Are you willing to accept shift work during evening and night hours? Yes () No (X)

Are you available to work X Full Time _____ Part Time
 _____ Temporary?

The Alabama Department of Mental Health and Mental Retardation is an Equal Opportunity Employer. It does not discriminate with respect to race, color, religion, national origin, gender, age, or disability.

LOCATIONS

Your application will be retained in our non-merit recruitment files for one year, and you will be notified of non-merit vacancies at those facilities in which you express an interest. Please indicate below at which of our facilities you would consider employment. You will only be sent announcements of openings at facilities which you check. After one year and after each succeeding year, you will need to contact this office and request that your application remain in our active files and/or submit an updated application. Failure to do so will result in your name being removed from our mailing list and your application will be destroyed.

Mental Illness Facilities

- ☐ Bryce Hospital -- Tuscaloosa, AL
☐ Searcy Hospital -- Mt. Vernon, AL
☐ Harper Geriatric Psychiatry Center -- Tuscaloosa, AL
☐ North Alabama Regional Hospital -- Decatur, AL
☐ Thomasville MH Rehab Center -- Thomasville, AL
☐ Hardin Secure Medical Facility -- Tuscaloosa, AL
☐ Grell Psychiatric Hospital -- Montgomery, AL

Mental Retardation Facilities

- ☐ William D. Parlow Developmental Center -- Tuscaloosa, AL
☒ Albert P. Brewer Developmental Center -- Mobile, AL
☐ Lurleen B. Wallace Developmental Center -- Decatur, AL
☐ J. S. Tarwater Developmental Center -- Wetumpka, AL

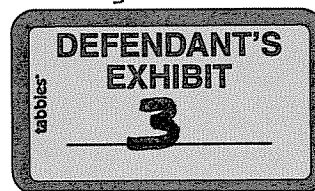
ICF Nursing Homes

- ☐ Alice Kidd -- Tuscaloosa, AL
☐ S.D. Allen -- Tuscaloosa, AL
☐ Claudette Box -- Mt. Vernon, AL
☐ Central Administrative Offices -- Montgomery, AL

(See map on last page for locations of facilities)

PLEASE DO NOT OMIT SIGNATURE AND AUTHORITY TO RELEASE INFORMATION BLOCK ON BACK OF APPLICATION

Page 1 of 7



EDUCATION

High school graduate or CED? (X) Yes () No		Be as specific as possible about degree and major.				
Type of School	Name and Address	From Mo/Yr	To Mo/Yr	Did You Graduate?	Degree and Date	Major
College Undergraduate	CLARK ATLANTA UNIVERSITY	8/76	4/80	YES	BA 4/80	HISTORY
College Undergraduate						
College Graduate	FLORIDA STATE UNIVERSITY TALLAHASSEE, FLORIDA	8/82	4/84	YES	MSW 4/84	SOCIAL WORK
College Graduate						
Vocational Business						

Circle Highest Grade Completed

High School	9	10	11	12	College	13	14	15	16	Graduate School	17	18	19
-------------	---	----	----	----	---------	----	----	----	----	-----------------	----	----	----

If you attended college in pursuit of either an undergraduate or graduate degree and did not obtain such, please indicate how many hours were received toward the degree:

Sem. Hrs. _____
Qtr. Hrs. _____

Please include the appropriate transcript with this application where applicable.

Please include copies of professional certificates/license, date, and state issued when applicable

Alabama Certified Social Worker
License

EMPLOYER/PROFESSIONAL REFERENCES

List three reliable persons, not relatives, who know you well enough to give information about your professional/educational background.

Name	Address/Zip Code	Telephone Number	Occupation
Iris Harris	Volunteers Of America 578 Azalea Rd, Mobile, AL	251-66-3276	Administrator
Clarence Ball	Ball Health Care 950 Dauphin St, Mobile, AL	251-433-9801	Proprietar
Lindsey Puckett	1109 26th St So No 2 Birmingham, AL 35205	205-933-9819	Administrator

Have you ever been involuntarily terminated or forced to resign from a position? () Yes (X) No

Have you ever been convicted of a felony or other law violation, other than minor traffic violations during the last seven years? (Conviction will not necessarily disqualify applicant from employment) () Yes (X) No

If you answered "Yes" to any of the above questions, attach an explanation on a separate sheet.

Have you filed an application with this Department before? (X) Yes () No. If yes, give date and facility name:
Date 1/87 Facility Name ALBERT P. BREWER DEVELOPMENTAL CENTER

Are you a citizen of the U.S. or otherwise legally eligible to work in this country? (X) Yes () No. If not a citizen of the U.S. give Visa type/status _____. (Proof of U.S. citizenship or Immigration status will be required upon employment.)

Date when you are available to begin work: Immediately

WORK HISTORY

THIS SECTION MUST BE COMPLETED REGARDLESS OF WHETHER OR NOT A RESUME IS ATTACHED

Beginning with your PRESENT or most recent employment, list in REVERSE ORDER periods of employment. Each time you changed jobs or your title changed should be listed as a separate period. Describe in detail your specific duties as they relate to the duties of the position for which you are applying. (Attach additional sheets if necessary). Please account for or explain any gaps in employment.

1 Current or Last Employer				Your Official Job Title			
Department Of Mental Retardation				Mental Health Social Worker II			
Address/Zip Code				Telephone Number		Type of Business	
7611 Lake Rd So Mobile, Al 36605				251-443-1764		Human Services	
FROM	TO	Total Months	Fulltime () Parttime ()	Name of Supervisor		Ending Salary	May we contact current employer?
3	88	Present	180			\$ per	() Yes () No
Number/Title of Employees you Supervised			Equipment you Operated		Reason for Leaving		
NA			NA		Career Advancement		
Describe your Duties in Detail:							
1. Provide technical assistance, training and consultation to providers to facilitate compliance with standards; 2. Monitor programs and individuals in the service delivery system; 3. Serve as Person Center Facilitator for person center planning meetings; 4. Provide case management services to a group of individuals; 5. Facilitate and coordinate services between intra and inter-agencies to assist with successful transition of individuals into community settings; 6. Compile data, compose clinical documents, reports, correspondence on individuals and programs; 7. Serve as OBRA Coordinator; 8. Serve as Housing Initiative Representative to facilitate inclusion and integration of individuals in the community. 9. As assigned by Director Of Community Services assist with incident and investigation; 10. Serve as QMRP on call person							

2. Employer				Your Official Job Title			
Department Of Mental Retardation				Habilitation Team Leader			
Address/Zip Code				Telephone Number		Type of Business	
Albert Brewer Center, Mobile, Al				251-621-1245		Human Services	
FROM	TO	Total Months	Fulltime () Parttime ()	Name of Supervisor		Ending Salary	
3	87	2	188	Judy Milam		\$17000.00	per year
Number/Title of Employees you Supervised			Equipment you Operated		Reason for Leaving		
NA			NA		Career Advancement		
Describe your Duties in Detail:							
1. Provided oversight for the implement of habilitation services to individuals with developmental disabilities; 2. Developed and implemented individual habilitation plans for individuals in assigned caseload; 3. Supervised the implementation of individual service plans; 4. Evaluated the responses of individuals to the service plan and training specified in the individual service plans; 5. Worked with appropriate professionals in the coordination and review of all diagnostic, evaluation and assessment services; 6. Provided consultation to staff to facilitate the successful implementation of habilitation services; 7. Developed and implemented behavior management plans.							

* FOR ADDITIONAL INFORMATION SEE ATTACHED RESUME

Page 3 of 7

Beginning with your PRESENT or most recent employment, list in REVERSE ORDER periods of employment. Each time you changed jobs or your title changed should be listed as a separate period. Describe in detail your specific duties as they relate to the duties of the position for which you are applying. (Attach additional sheets if necessary). Please account for or explain any gaps in employment.

3. Current or Last Employer				Your Official Job Title			
Metropolitan Developmental Center				Mental Health Social Worker/QMRP			
Address/Zip Code				Telephone Number		Type of Business	
Belle Chasse, La				504-394-1200		Human Services	
FROM		TO		Total Months		Fulltime () Parttime ()	
11/84		3/87		27		40	
Name of Supervisor				Ending Salary		May we contact current employer?	
Personnel For Info				15000yr		<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
Number/Title of Employees you Supervised				Equipment you Operated		Reason for Leaving	
1				NA		Career Advancement	
Describe your Duties in Detail:							
1. Served in dual role in providing casework and habilitation for individual with disabilities; 2. Completed clinical assessments in the social work area; 3. Maintained current records of information on individuals; 4. Conferred with individuals and their families in order to facilitate and monitor services, and making referrals to appropriate community resources as needed; 5. Developed and supervised the implementation of individual plans; 6. Provided oversight as a Qualified Mental Retardation Professional (QMRP) for approving the use of time out, restraints, and other restrictions; 7. Provided supervision of social worker aide.							

4. Employer				Your Official Job Title			
Centur 21 Action Real Estate Company				Sales Associate			
Address/Zip Code				Telephone Number		Type of Business	
Mobile, Alabama				251-473-4455		Real Estate	
FROM		TO		Total Months		Fulltime () Parttime ()	
11/80		8/82		21		40 plus	
Name of Supervisor				Ending Salary		Reason for Leaving	
Melvin Leverett				\$25000.00 per year		Career Advancement	
Number/Title of Employees you Supervised				Equipment you Operated		Reason for Leaving	
NA				Na		Career Advancement	
Describe your Duties in Detail:							
Sold real estate which involved working with sellers, buyers and investors to purchase/sell property. Other duties included prospecting property, evaluating property, listing property, management of and closing procedures.							

* FOR ADDITIONAL INFORMATION SEE ATTACHED RESUME

Page 4 of 7

THIS SECTION MUST BE COMPLETED REGARDLESS OF WHETHER OR NOT A RESUME IS ATTACHED

Beginning with your PRESENT or most recent employment, list in REVERSE ORDER periods of employment. Each time you changed jobs or your title changed should be listed as a separate period. Describe in detail your specific duties as they relate to the duties of the position for which you are applying. (Attach additional sheets if necessary). Please account for or explain any gaps in employment.

5. Current or Last Employer Veterans Administration Hospital					Your Official Job Title Social Worker Intern				
Address/Zip Code Tampa, Florida					Telephone Number 813-972-2000		Type of Business Hospital		
FROM Month Year	TO Month Year	Total Months	Fulltime (<input checked="" type="checkbox"/>) Parttime ()	Name of Supervisor Personnel For Info			Ending Salary 300.00 Mo	May we contact current employer <input checked="" type="checkbox"/> Yes () No ()	
1	84	4	40						
Number/Title of Employees you Supervised NA			Equipment you Operated NA				Reason for Leaving Career Advancement		
Describe your Duties in Detail:									
1. Provided medical social services to veterans;									
2. Counseled veterans and their families to help them cope with the									
social, emotional, and economic pressures of illness; 3. Completed									
clinical assessments on patients; 4. Referred veterans to appropriate									
community resources; 5. Served as a member of the interdisciplinary team									
in providing medical social services to veterans; 6. Prepared and									
maintained case records.									

6. Employer Leon County Public School System					Your Official Job Title Social Work Intern				
Address/Zip Code Tallahassee, Florida					Telephone Number 850-487-7100		Type of Business School		
FROM Month Year	TO Month Year	Total Months	Fulltime (<input checked="" type="checkbox"/>) Parttime ()	Name of Supervisor Personnel For Info			Ending Salary 0 per		
9	82	4	40						
Number/Title of Employees you Supervised NA			Equipment you Operated NA				Reason for Leaving Career Advancement		
Describe your Duties in Detail:									
1. Provided social services to students and their families									
2. Counseled students and their families in solving academic, social,									
behavior and economic problems; 3. Made home visits to determine									
Appropriate social services for students and their families. 4. Referred									
students and their families to appropriate community resources;									
5. Evaluated students to determine appropriate educational and social									
programs; Prepared and maintained case records.									

*FOR ADDITIONAL INFORMATION SEE ATTACHED RESUME

Page 5 Of 7

[illegible]

AUTHORITY TO RELEASE INFORMATION

TO WHOM IT MAY CONCERN: I hereby authorize the Security Division or Personnel Office of the Alabama Department of Mental Health/Mental Retardation bearing this release or copy thereof, within one year of this date, to obtain any information in your files pertaining to my previous employment, educational records and/or transcripts, licenses, certifications, or conviction records. I hereby authorize you to release such records or information upon the request of the bearer of this release document. The information you supply will be used principally as a basis for an investigation to determine my qualifications for employment with the Alabama Department of Mental Health/Mental Retardation. I hereby release you as custodian of such records from any and all liability damages which may result to me, my heirs or family because of compliance with this authorization and request to release information, or any attempt to comply with it. Should there be any question as to the validity or authenticity of this release, you may contact me as indicated below.

FULL NAME Winifred Ann Blackledge SOCIAL SECURITY # 421-92-0861
(No Initials) (Signature)
 FULL NAME Winifred ANN Blackledge CURRENT ADDRESS 3011 Azalea Trace Dr N
(Typed or Printed Name)
 DATE OF BIRTH 10/14/57 PLACE OF BIRTH Mobile, AL Mobile, AL 36695
 WITNESS Catherine L Smith TITLE RN-RC SIII DATE 9/24/02

CERTIFICATE SIGNATURE

Must be signed in ink by applicant

I Certify that all statements on or attached to this application are true and correct to the best of my knowledge. I understand that any false statements may cause me to be refused the opportunity of employment or cause my employment to be immediately terminated without recourse to due process or protection provided by law.

opportunity of employment or cause my employment to be immediately terminated without recourse to due process or protection provided by law.

Signed Winfred Ann Blackledge DATE 9/24/02

2/01

The Florida State University

Office of the Registrar
A3900 University Center
Tallahassee, Florida 32306-2480

PERMANENT ACADEMIC RECORD

Student is in good stand and is eligible
to return unless otherwise stated.

PAGE: 01
STUDENT NAME: BLACKLEDGE, WINIFRED A
SOCIAL SECURITY: 421-92-0861
GENDER: F
DATE OF BIRTH: 10/14/57
MAT DATE: FALL 1982
RESIDENCY: F
BASIS OF ADMIT: G
COLLEGE: SW
DATE ENDED: 09/19/2002
TYPE CREDIT: Semester

TEST SCORES:

ACT: _____
Mat: Eng: Read: Sci: Com:

CIAT: _____
Mat: Wri: Rdg: Ess:

GMAT: _____
Ver: Quant: Anal:

MCAT: _____

SAT: _____
Ver: Mat: _____
GRE: _____
Ver: Quant: Anal: _____
LSAT: _____
Ver: Quant: Law Ind: _____

Verb-Real: Phy-Sci: Bio-Sci: Wri-S:

ALL CREDIT HOURS ON THIS RECORD REFLECTED IN SEMESTER HOURS

OFFICIAL TRANSCRIPT

May not be released to a third party without permission

Title	Course	Law	Att	Em	GPA	Qual
	CI Number	Grd	Grd	Hrs	Hrs	Pnts
CLARK ATLANTA UNIVERSITY						
*** SPRING TERM 1980 CLS 5 DIV MAJOR						INST 001559
RECEIVED BACHELOR OF ARTS 05/1980						
CLARK COLLEGE/GEORGIA						
FLORIDA STATE UNIVERSITY						
*** FALL TERM 1982 CLS 5 DIV SW MAJOR						338910 INST 001489
H.B.S.E: CLINC/SOC TR	SOW5105	B	3.00	3.00	3.00	9.00
PROFESSION SOCIAL WRK	SOW5304	B	3.00	3.00	3.00	9.00
SOC WRK ADV/EAM/GPS	SOW5342	B	3.00	3.00	3.00	9.00
GRAD FIELD INSTICIN I	SOW5532	S	6.00	6.00		
TERM TOTALS:			15.00	15.00	9.00	27.00
						TERM GPA: 3.000

*** SPRING TERM 1984 CLS 5 DIV SW MAJOR 338910 INST 001489
INTEGR SEM/ADV PRAC SOW5369 A 3.00 3.00 3.00 12.00
ADV FIELD INSTRUCTION SOW5535 S 12.00 12.00
TERM TOTALS: 15.00 15.00 3.00 12.00
TERM GPA: 4.000

RECEIVED THE DEGREE

MASTER OF SOCIAL WORK

APRIL 28, 1984

RGM : SOCIAL WORK
MAJOR: SOCIAL WORK

* TRANSFER HRS ATT = 000.0 * TRANSFER HRS EM = 000.0
* END OF ACADEMIC TRANSCRIPT * MAY NOT BE RELEASED
* TO THIRD PARTY WITHOUT STUDENT PERMISSION

Title	Course	Law	Att	Em	GPA	Qual
	CI Number	Grd	Grd	Hrs	Hrs	Pnts
FLORIDA STATE UNIVERSITY						
*** SPRING TERM 1983 CLS 5 DIV SW MAJOR						338910 INST 001489
SOCI SERV EAM/CHILDEN	SOW4242	A	3.00	3.00	3.00	12.00
SOC WELF POLICY/SER	SOW5235	C	3.00	3.00	3.00	6.00
INTRO SOC WORK RESEARCH	SOW5404	B	3.00	3.00	3.00	9.00
GRAD FIELD INSTICIN I	SOW5532	S	6.00	6.00		
TERM TOTALS:			15.00	15.00	9.00	27.00
						TERM GPA: 3.000

Title	Course	Law	Att	Em	GPA	Qual
	CI Number	Grd	Grd	Hrs	Hrs	Pnts
FLORIDA STATE UNIVERSITY						
*** SUMMER TERM 1983 CLS 5 DIV SW MAJOR						338910 INST 001489
MEAS SOC WORK RESEARCH	SOW4414	C	3.00	3.00	3.00	6.00
END SOC ASPCT ILLNS	SOW5156	A	3.00	3.00	3.00	12.00
TERM TOTALS:			6.00	6.00	6.00	18.00
						TERM GPA: 3.000

Title	Course	Law	Att	Em	GPA	Qual
	CI Number	Grd	Grd	Hrs	Hrs	Pnts
FLORIDA STATE UNIVERSITY						
*** FALL TERM 1983 CLS 5 DIV SW MAJOR						338910 INST 001489
PSYCOBIOLOGY	SOW5125	B	3.00	3.00	3.00	9.00
GRP TRNMT PRIN/TECH	SOW5324	B	3.00	3.00	3.00	9.00
CRISIS INTERVENTION	SOW5367	A	3.00	3.00	3.00	12.00
SOC WRK HEALTH SETTING	SOW5603	A	3.00	3.00	3.00	12.00
SOC WRK WITH BLK FAM	SOW5623	A	3.00	3.00	3.00	12.00
TERM TOTALS:			15.00	15.00	15.00	54.00
						TERM GPA: 3.600

FLORIDA STATE UNIVERSITY
CONTINUED ON TOP RIGHT OF THIS PAGE

AN OFFICIAL SIGNATURE IS WHITE WITH A BURGUNDY BACKGROUND. REFLECT DOCUMENT'S SIGNATURE BELOW IS DISTORTED

In accordance with the Family Educational Rights and Privacy Act of 1974, as amended, this document may not be released to others without the written consent of the student.

Maxwell Carraway, Jr., University Registrar

This officially sealed and signed transcript is printed on burgundy SCHRIP-SAFE security paper with the name of the institution printed in white type across the face of the document. A raised seal is not required. When photocopied a security statement containing the institution name will appear. A BLACK ON WHITE OR A COLOR COPY SHOULD NOT BE ACCEPTED.

WINIFRED A. BLACKLEDGE
3011 AZALEA TRACE DRIVE
MOBILE, ALABAMA 36695
HOME PHONE (334) 634-8791

EDUCATION

Bachelor of Arts degree in History with a minor in Education-1980
Clark/Atlanta University, Atlanta, Georgia- Member of the National Honor Society.

Master of Social Work degree-1984
The Florida State University, Tallahassee, Florida

CERTIFICATIONS:

- Alabama Social Work License
- Alabama Real Estate License
- Alabama Teachers Certificate

ADDITIONAL PROFESSIONAL TRAINING AND CONTINUING EDUCATION

- Behavioral Training - 02/24/00 and 09/12-13/02
- Housing Initiative - 11/09/01 and 08/01/02
- Quality Initiatives in Community Living - 05/01/97, 02/09-11/99 and 05/15-17/02
- Social Role Valorization - 01/23-25/02
- Standards for Community Living 05/15/02
- Medicaid and Waiver Services 12/03/95 and 05/02/02
- Supported Employment - 03/18/93, 02/24/01 and 05/09/01
- Person Centered Training 05/17/00
- Cultural Diversity Training 09/99
- Rights of Persons with DD/Incident Investigations - 05/19/99
- Early Intervention 08/24/91, 11/20/91, 08/29/91, 09/24/92, 06/11-13/96
- An Overview of Social Security and SSI -1995
- Children and Adult Service Coordination 11/16/94
- Working with the Physically Disabled -07/15/93
- Abuse Reporting Workshop 12/8/92

WORK HISTORY

Department of Mental Health and Mental Retardation, Community Services Division-Mental Retardation, Mobile, AL, March 1988 to present - MENTAL HEALTH SOCIAL WORKER II - Specific responsibilities include:

- Provide technical assistance, training and consultation to service providers regarding compliance with regulations, Minimum Standards, and quality improvement activities.
- Monitor contracted programs and individuals in the service delivery system in order to address quality of life issues.
- Facilitate/coordinate services for transition of individuals from developmental centers to community placement. Transition facilitation includes serving as a person centered facilitator for development and writing of person centered plans with emphasis on improving quality of life and achieving measurable outcomes for individuals.
- Provide case management services to a group of individuals which includes individuals with special/multi needs.
- Compile and analyze data for required reports and complete required documentation of service delivery, technical assistance, quality of life reviews, monitoring reports, and initial Medicaid determination paperwork for individuals to be moved from developmental centers to community settings.
- Serve as OBRA coordinator for Region III Community Services to assess referrals for placement of individuals with mental retardation in nursing home facilities.
- Serve as housing initiative representative for Region III Community Services to facilitate community inclusion and integration

Winifred Blackledge Resume
Page 2

- Assist with incident review and investigation as assigned by the Director of Region III Community Services.
- Serve as QMRP/Community Services on call on a rotating basis in order to address questions and/or problem situations which arise in community settings for individuals with mental retardation.

Department of Mental Health and Mental Retardation, Albert Brewer Center Residential Services Division, Mobile, AL ,
March 1987 to March 1988 - HABILITATION TEAM LEADER - Specific responsibilities included:

- Providing oversight for the implement of habilitation services to individuals with developmental disabilities.
- Developing and implementing individual habilitation plans for individuals in assigned caseload.
- Supervising the implementation of Individual Service Plans.
- Evaluating the responses of individuals to the service plan and training specified in the Individual Service Plans.
- Worked with appropriate professionals in the coordination and review of all diagnostic, evaluation, and assessment services.
- Providing consultation to staff to facilitate the successful implementation of habilitation services.
- Development and implementation of behavior management plans,

Metropolitan Center, Belle Chasse, Louisiana, November 1984 to February 1987, MENTAL HEALTH SOCIAL
WORKER I/QUALIFIED MENTAL RETARDATION PROFESSIONAL - Specific responsibilities included:

- served in dual role in providing casework and habilitation planning for individuals with disabilities.
- Completing clinical assessments in the social work area
- Maintaining current records of information on individuals
- Confering with individuals and their families in order to facilitate and monitor services, and making referrals to appropriate community resources as needed
- Developing and supervising the implementation of individual plans
- Providing oversight as a Qualified Mental Retardation Professional for approving the use of time out, restraints, and other restrictions
- Providing supervision of social worker aides

Century 21 Action Agency, Mobile, Alabama, November 1980 to August 1982- REAL ESTATE AGENT- responsibilities included:

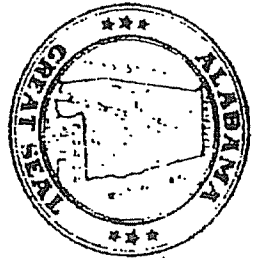
Sold real estate which involved working with sellers, buyers and investors to purchase/sell property. Other duties included prospecting property, evaluating property, listing property, management of property, and closing procedures.

Veterans Administration Hospital, Tampa, Florida January 1984 to April 1984, SOCIAL WORKER INTERN -
Responsibilities included:

- Providing medical social services to veterans.
- Counseling veterans and their families to help them cope with the social, emotional, and economic pressures of illness.
- Completing clinical assessments on patients in the area of social work.
- Making referrals to veterans to appropriate community resources that were available.
- Serving as a member of the interdisciplinary team in providing medical social services to veterans.
- Preparing and maintaining detailed case records.

Leon County Public School System, Social Work Services, Tallahassee, Florida, September 1982 to April 1983, SOCIAL
WORK INTERN - Responsibilities included:

- Providing social services to students and their families.
- Counseling students and their families in solving academic, social, behavior, and economic problems.
- Making home visits to determine appropriate social services for students and their families.
- Referring students and their families to appropriate community resources.
- Evaluating students to determine appropriate educational and social programs.
- Preparing and maintaining detailed case records.



THE STATE OF ALABAMA
BOARD OF SOCIAL WORK EXAMINERS

CERTIFIES THAT

Winifred Ann Blackledge

IS QUALIFIED TO PRACTICE SOCIAL WORK IN THE STATE OF ALABAMA,
AND IS HEREBY ISSUED THIS LICENSE AS A

Certified Social Worker

LICENSE NO. 0746C

ISSUE DATE JULY 30, 1990

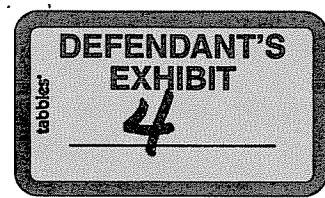
James August Jr.

Chairperson

№ 02571

	Brought	Odum	Williams	Parker	Blackledge	Ezell	Chappell
Owens	26	26	22	17	18	21	20
Wicks	28	25	17	10	19	20	28
Stuardi	21	23	12	8	17	16	22
London	18	20	18	14	30	30	30
	93	94	69	49	84	47	100

From: Grand Jurors
7/19/04





BOB RILEY
GOVERNOR

STATE OF ALABAMA

DEPARTMENT OF MENTAL HEALTH
AND MENTAL RETARDATION

REGION III - RCS
7611 LAKE RD, SO. BLDG 100
MOBILE, ALABAMA 36605-6001
PHONE: (251) 443-1760
FAX: (251) 443-5969



KATHY E. SAWYER
COMMISSIONER

12 - 10 - 2003

MEMO

TO: HENRY ERVIN
DMH/MR PERSONNEL

FR: SUSAN STUARDI
MR REGION III *S. Stuardi*

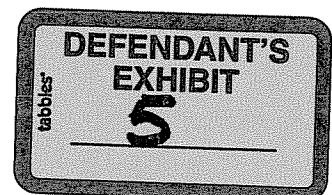
RE: CSS III POSITION

Applicants for this position have been interviewed. There were several excellent candidates. The individual selected is Mildred "Mickey" Groggel.

Since Ms. Groggel is currently handling critical functions with regard to Brewer residents, I discussed a plan for her move with Dr. Harris. We have agreed that her movement to the CSS III position should occur with the pay period beginning March 6, 2004. She will be available to assist RCS during this interim period as needs dictate.

This plan is acceptable with Ms. Groggel. Considering the substantial pay cut required by this move, I have encouraged her to continue pursuing other higher paying openings for which she may qualify. Should another opportunity become available for her, we could offer this position to one of the other qualified applicants.

Please assist us with any documents required to complete this transaction. I appreciate your help. Please extend my thanks to Joan Owens for coordinating the interview process.



CHARGE OF DISCRIMINATION		AGENCY <input type="checkbox"/> FEPA <input checked="" type="checkbox"/> EEOC	CHARGE NUMBER 420-2007-01385
This form is affected by the Privacy Act of 1974; See Privacy Act Statement before completing this form.		and EEOC	
State or local Agency, if any			
NAME (Indicate Mr., Ms., Mrs.) Ms. Winnifred Blackledge		HOME TELEPHONE (Include Area Code) 251-634-8791	
STREET ADDRESS 3011 Azalea Trace Dr. N.		CITY, STATE AND ZIP CODE Mobile, AL 36695	DATE OF BIRTH 10/14/57
NAMED IS THE EMPLOYER, LABOR ORGANIZATION, EMPLOYMENT AGENCY, APPRENTICESHIP COMMITTEE, STATE OR LOCAL GOVERNMENT DISCRIMINATED AGAINST ME (If more than one list below.)			
NAME Alabama State Department of Mental Health and Mental Retardation	NUMBER OF EMPLOYEES, MEMBERS 15 +	TELEPHONE (Include Area Code) 251-621-0760	
STREET ADDRESS 7400 Roper Lane		CITY, STATE AND ZIP CODE Daphne, AL 36526	COUNTY Baldwin
NAME		TELEPHONE NUMBER (Include Area Code)	
STREET ADDRESS		CITY, STATE AND ZIP CODE	COUNTY
CAUSE OF DISCRIMINATION BASED ON (Check appropriate box(es))		DATE DISCRIMINATION TOOK PLACE EARLIER THAN	
<input checked="" type="checkbox"/> RACE <input checked="" type="checkbox"/> COLOR <input type="checkbox"/> SEX <input type="checkbox"/> RELIGION <input type="checkbox"/> AGE <input checked="" type="checkbox"/> RETALIATION <input type="checkbox"/> NATIONAL ORIGIN <input type="checkbox"/> DISABILITY <input type="checkbox"/> OTHER (Specify)		9/2007 <input checked="" type="checkbox"/> CONTINUING ACTION	
THE PARTICULARS ARE (If additional paper is needed, attach extra sheet(s))			
1. I have been employed with Respondent since approximately 1987. I currently hold the position of Mental Health Social Worker II. 2. On June 8, 2004 I filed an EEOC charge alleging discrimination on the basis of my race. [Charge # 130-2004-03106]. 3. The EEOC found cause that discrimination existed and issued a right to sue on March 22, 2006. 4. On April 10, 2006 I filed a lawsuit against the Alabama State Department of Mental Health and Mental Retardation. 5. Since the date of my initial filing of the EEOC charge I have been retaliated against on numerous occasions. Such retaliation has materially altered my employment and my ability to do my job. 6. Most recently, I was given a completely false and adverse performance appraisal. I have been adversely affected by these discriminatory practices as my salary is directly related to performance appraisals. 7. Upon information and belief, the adverse actions taken against me by Respondent are done in an attempt to force me out of my employment. 8. Upon information and belief, I believe that I have been discriminated against and suffered adverse terms and conditions of employment on the basis of my race in violation of Title VII of the Civil Rights Act of 1964, as amended by the Civil Rights Act of 1991. 9. Respondent's conduct is part of a pattern and practice which has resulted in both disparate treatment against myself and other similarly situated black employees on a class wide basis.			
I want this charge filed with both the EEOC and the State or local Agency, if any. I will advise the agencies if I change my address or telephone number and I will cooperate fully with them in the processing of my charge in accordance with their procedures.		NOTARY - (When necessary for State and Local Requirements) I swear or affirm that I have read the above charge and that it is true to the my knowledge, information and belief.	
I declare under penalty of perjury that the foregoing is true and correct. Winnifred A. Blackledge		SIGNATURE OF COMPLAINANT Winnifred A. Blackledge	
Date 1-8-07 Charging Party (Signature)		SUBSCRIBED AND SWORN TO BEFORE ME THIS DATE (Day, month, and year)	

 DEFENDANT'S
EXHIBIT

6

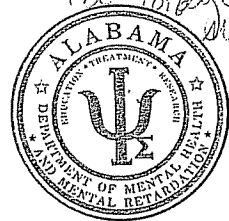


BOB RILEY
GOVERNOR

STATE OF ALABAMA

**DEPARTMENT OF MENTAL HEALTH
AND MENTAL RETARDATION**

RSA UNION BUILDING
100 N. UNION STREET
POST OFFICE BOX 301410
MONTGOMERY, ALABAMA 36130-1410



KATHY E. SAWYER
COMMISSIONER

August 23, 2004

Ms. Debra B. Leo, ADR Coordinator
U. S. Equal Employment Opportunity Commission
Ridge Park Place
1130 22nd Street South, Suite 2000
Birmingham, AL 35205

RE: EEOC Charge No. 130-2004-03106
Charging Party: Winnifred Blackledge

Dear Ms. Leo:

In response to the request for a statement of our position with respect to the issues contained in the above charge, the Department of Mental Health and Mental Retardation (DMH/MR) denies the Charging Party's allegations of discrimination and submits the following:

The Charging Party was employed by the DMH/MR on March 2, 1987, and she is currently a Mental Health Social Worker II in MR Region III Community Services. She applied for the position of Community Service Specialist III in October, 2003. An open and competitive process was followed in filling the position of Community Service Specialist III. This process includes posting an Announcement to advertise the intent to fill a position, accepting applications, and interviewing qualified applicants. (See Exhibit A for a copy of the Announcement.)

Seven applicants, including the Charging Party, interviewed for the position of Community Service Specialist III. Each person interviewed for this position was asked the same job related questions by the same panel member. (See Exhibit B for a copy of the questions.) The following information is provided on the members of this interview panel:



Ms. Debra B. Leo, ADR Coordinator
 Page 2
 August 23, 2004

<u>Name</u>	<u>Race</u>	<u>Title</u>
1. Jerryln London	Black	Community Service Specialist IV, MR Region III (currently Acting Director of MR Region III Community Services)
2. Joan Owens	Caucasian	Personnel Specialist, Bureau of Human Resource Management
3. Susan Stuardi	Caucasian	Director of MR Region III Community Services (now retired)
4. Hugh Wicks	Caucasian	Community Service Specialist III, MR Region IV

Upon completion of each interview, the panel members individually ranked the person interviewed. Then, the scores were totaled and the applicants ranked by numerical score. Ms. Mildred Groggel was the successful candidate hired for the position of Community Service Specialist III in MR Region III. The following information is provided regarding the applicants and their interview score (in order of highest to lowest score):

<u>Name</u>	<u>Score</u>	<u>Race</u>
1. Chappell, Celestine A.	100	Caucasian
2. Allen, Kathi Guy	94	Caucasian
3. Groggel, Mildred	93	Caucasian
4. Ezell, Melissa	87	Black
5. Blackledge, Winnifred A.	84	Black
6. Williams, Sherrita	69	Black
7. Packer, James	49	Black

As stated above, the DMH/MR denies the Charging Party's allegations of discrimination. The position of Community Service Specialist III, for which the Charging Party applied, was filled by an open and competitive process.

Ms. Debra B. Leo, ADR Coordinator
Page 3
August 23, 2004

Attached for your information are the following DMH/MR policies as indicated:

1. DMH/MR Policy No. 60-20, Affirmative Action (Exhibit C)
2. DMH/MR Policy No. 60-92, Exempt Selection Procedure (Exhibit D)

If you have any questions or need additional information, please contact Kathy Thompson in the DMH/MR Bureau of Legal Services at (334) 242-3038.

Sincerely,



Rebecca J. Luck
Assistant Attorney General
Bureau of Legal Services

/kt

Attachments

pc: Courtney Tarver
David Jackson
Eranell McIntosh-Wilson
Joan Owens
Jerryln London

EXHIBIT

A



BOB RILEY
GOVERNOR

STATE OF ALABAMA

DEPARTMENT OF MENTAL HEALTH
AND MENTAL RETARDATION

REGION III - RCS
7611 LAKE RD. SO. BLDG 100
MOBILE, ALABAMA 36605-6001
PHONE: (251) 443-1760
FAX: (251) 443-5969



KATHY E. SAWYER
COMMISSIONER

ANNOUNCEMENT OF INTENT TO FILL A NON-MERIT SYSTEM POSITION
AN EQUAL OPPORTUNITY EMPLOYER
DEPARTMENTAL

JOB TITLE: COMMUNITY SERVICE SPECIALIST III
JOB CODE: T3000
SALARY RANGE: 72
JOB LOCATION: MR REGION III
7611 LAKE RD. SO. BLDG 100
MOBILE, ALABAMA 36605-6001

NUMBER: 03-11
POS#:
DATE: October 27, 2003

QUALIFICATIONS: Masters degree in psychology, special education or related human service field. Progressively responsible administrative experience in the field of mental retardation. Licensure/certification as required by discipline and valid drivers license.

KIND OF WORK: This is highly responsible professional work requiring clinical skills and extensive experience in working with community mental retardation programs. The employee in this position coordinates assessment activities and provides training to providers in the use of functional assessments, ICAPS and other assessment tools. Technical assistance is given to community providers in skill acquisition behavioral training and person centered planning. This person provides technical assistance to service providers to facilitate compliance with standards, rules and regulations. The employee assists with the outplacement, diversion and waiting list individuals. This person travels throughout the 10 counties of southwest Alabama. Serves as professional on 24 hour call.

REQUIRED KNOWLEDGE, SKILLS AND ABILITIES: Ability to plan, organize and prioritize work with independence. Ability to communicate effectively in writing and orally and to conduct individual and group training. Possess computer skills in word processing and data base programs.

METHOD OF SELECTION: Applicants will be rated on the basis of an evaluation of their training, experience and education and should provide adequate work history identifying experiences related to the duties and minimum qualifications as above mentioned. All relevant information is subject to verification. Drug test required. Security clearances will be conducted on prospective applicants being given serious consideration for employment and whose job requires direct contact with patients.

HOW TO APPLY: Use an Official Application for Professional Employment (Exempt Classification) which may be obtained from this office. The Application should be returned to Personnel Office, Dept. of Mental Health/Mental Retardation, P. O. Box 301410 Montgomery, AL 36130 IN ORDER TO BE CONSIDERED FOR THIS POSITION. DO NOT RETURN THIS APPLICATION TO THE STATE PERSONNEL DEPARTMENT. **PLEASE HAVE AN OFFICIAL COPY OF TRANSCRIPT(S) FORWARDED TO THE PERSONNEL DEPARTMENT AT THE ABOVE ADDRESS.** Applications may be obtained from www.mh.state.al.us. Submission must be by November 10, 2003.

EXHIBIT

B

COMMUNITY SERVICE SPECIALIST III

INTERVIEW QUESTIONS

1. Describe your experience in assessing individual's adaptive and Behavioral functioning using the ICAP and functional assessment tools.
2. Describe your experience in training staff in the use of assessment Tools.
3. Describe your experience in training staff in the implementation of skill acquisition and behavior plans.
4. What is your background with regard to the use of person centered planning techniques.
5. This job will require travel over a 10 county area to provide technical assistance and monitor service delivery. This requires 10 to 12 hour days. How will you adjust your schedule.
6. Describe your written and oral communication skills and your experience in giving presentations.
7. How would you go about providing transition support to individuals to facilitate adjustment to new living environments?
8. Discuss options for day programs and how to assist providers in offering more individualized and creative activities.
9. You will not be able to do any independent consulting work with contractors of DMH/MR while employed in Community Services. Do you have any arrangements which could be construed as a conflict of interest?
10. You will be on 24- hour call on a rotating basis. How will that impact your schedule.

Page 2
CSS III

11. Please look at the Essential Job Functions. Do you feel you can complete the Essential Functions.
12. Do you have an objection to the Department of Mental Health contacting your last three (3) supervisors?
13. What is the minimum salary you would accept?
14. If offered the position, how soon could you report to work?
15. Do you have any questions you would like to ask?

EXHIBIT

C

State of Alabama
Department of Mental Health and Mental Retardation

NUMBER: 60-20

SUBJECT: Personnel/Payroll
TITLE: Affirmative Action

EFFECTIVE: 4/4/88 REVIEWED: 8/7/2002 CHANGED:

RESPONSIBLE

OFFICE: Personnel

APPROVED: 

I. POLICY:

The Alabama Department of Mental Health/Mental Retardation will recruit, employ, promote, remunerate, and conduct all personnel administrative practices without regard to race, religion, national origin, color, age, sex, or disability, except where sex or physical ability constitute a bona fide occupational qualification. The Department will maintain and implement an internal Affirmative Action Plan.

EXHIBIT

D

State of Alabama
Department of Mental Health and Mental Retardation

NUMBER: 60-92

SUBJECT: Personnel/Payroll
TITLE: Exempt Selection Procedure

EFFECTIVE: 9/7/1988 REVIEWED: 4/20/2001 CHANGED: 5/7/2003

RESPONSIBLE
OFFICE: Personnel

APPROVED: 

I. POLICY:

The Department of Mental Health/Mental Retardation will employ individuals in exempt positions only through an open and competitive process.

II. STANDARDS:

1. Job announcements will be made before the appointment of any individual into a vacant exempt position unless an adequate pool of applications is available from which to make a selection, or where a scholarship program is implemented as a recruitment tool as determined by the Appointing Authority.
2. The recruitment, selection, and advancement of exempt employees will be based upon job related factors.



BOB RILEY
GOVERNOR

STATE OF ALABAMA
**DEPARTMENT OF MENTAL HEALTH
AND MENTAL RETARDATION**

RSA UNION BUILDING
100 N. UNION STREET
POST OFFICE BOX 301410
MONTGOMERY, ALABAMA 36130-1410



JOHN M. HOUSTON
ACTING COMMISSIONER

April 6, 2005

(Cover letter by Facsimile
and by Overnight Mail
w/attachments)

Mr. Roy L. Jackson, Sr., Federal Investigator
U.S. Equal Employment Opportunity Commission
1130 22nd Street South, Suite 2000
Ridge Park Place
Birmingham, AL 35205

**RE: Request for Additional Information
for Charge No: 130-2004-03106,
Charging Party: Winifred Blackledge**

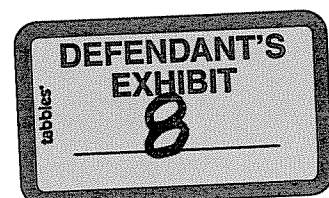
Dear Mr. Jackson:

The Albert P. Brewer Development Center (Brewer), a facility operated by the Department of Mental Health and Mental Retardation (DMHMR) coordinated the process of filling the position referred to in this Charge, and then closed on March 1, 2004.

- 1. Please explain why the Charging Party (Winifred Blackledge) was not selected to fill the position of Community Service Specialist III, which was posted on October 27, 2003.**

Response:

The interview panel members individually scored each person. The scores were totaled and the seven candidates were ranked by numerical score. The Charging Party (Winifred Blackledge) was ranked number five, with a score of 84.



Mr. Roy L. Jackson, Sr.
Page 2
April 6, 2005

The names of each of the individuals interviewed and their scores were submitted to Susan Stuardi, former Director of MR Region III Community Services (now retired). Ms. Stuardi selected Mildred Groggel, who ranked third with a score of 93, as the successful candidate.

2. **Please provide copies of source documents used to rank the seven individuals who applied for the position of Community Service Specialist III.**

Response:

A copy of a blank Applicant Assessment Form used to score each person interviewed for this position is attached as Exhibit A. A thorough search was conducted; however, we were unable to find the Applicant Assessment Forms that were actually completed by the interview panel members.

Also attached is a copy of a document with the last names of the panel members and the persons interviewed, individual scores, and the total score for the person interviewed (Exhibit B). Joan Owens, Personnel Specialist, who was on the interview panel, wrote this document at the time of the interviews. No other source documents can be found.

3. **Please provide copies of the personnel files of the seven individuals, including Mildred Groggel and Winifred Blackledge, who applied for the Community Service Specialist III position. Please include copies of:**
 - a. **Applications**
 - b. **Most recent evaluations, as of October 27, 2003**
 - c. **Any other documents used in the decision making process.**

Response:

The applications for Celestine Chappell, Kathi Guy Allen, Mildred Groggel and Winifred Blackledge who were interviewed are attached as Exhibit C. No other applications can be found. The personnel files with evaluations for the seven individuals who were interviewed are attached as indicated:

Mr. Roy L. Jackson, Sr.

Page 3

April 6, 2005

	<u>Name</u>	<u>Exhibit</u>
(1)	Chappell, Celestine A.	D
(2)	Allen, Kathi Guy	E
(3)	Groggel, Mildred	F
(4)	Ezell, Melissa	G
(5)	Blackledge, Winifred A.	H
(6)	Williams, Sherrita	I
(7)	Packer, James	J

4. Submit a list of promotions for the period January 1, 2004, through present. Please identify each individual by:

- a. Name
- b. Race
- c. Date of hire
- d. Job title promoted from
- e. Job title promoted to
- f. Date of promotion

Response:

Attached as Exhibit K is a printout dated March 16, 2005, of DMHMR employees who have been promoted since January 1, 2004. A list of these code numbers found under the columns "Old Title" and "New Title" with each corresponding job title is attached as Exhibit L.

5. How long does an employee have to be in a particular position before he/she is eligible to be promoted and/or transferred to another position?

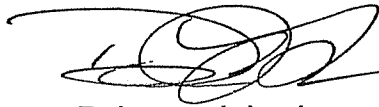
Response:

There is no requirement for time of service before a promotion or transfer for non-probationary employees within the DMHMR.

Mr. Roy L. Jackson, Sr.
Page 4
April 6, 2005

If you have any questions or concerns, please contact me at the above address or at (334) 242-3038.

Sincerely,

A handwritten signature in black ink, appearing to read 'Rebecca J. Luck', with a large, stylized initial 'R'.

Rebecca J. Luck
Assistant Attorney General
Bureau of Legal Services

Attachments

pc: Eranell McIntosh-Wilson
Fordyce Mithcell
Jerrlyn London
Joan Owens

** TX STATUS REPORT **

AS OF APR 06 2005 09:47 PAGE.01

LEGAL DIVISION

	DATE	TIME	TO/FROM	MODE	MIN/SEC	PGS	CMD#	STATUS
01	04/06	09:45	+2052122105	EC--S	01'13"	005	105	OK

STATE OF ALABAMA
DEPARTMENT OF MENTAL HEALTH AND MENTAL RETARDATION
Bureau of Legal Services
Telephone (334) 242-3038
Fax (334) 242-0924

FACSIMILE TRANSMITTAL SHEET

DATE: 4/6/05 TIME: 9:40 a.m.
TO: Roy L. Jackson, Sr., Federal Investigator, EEOC
FAX NO.: 205-212-2105
FROM: Rebecca J. Luck
RE: Additional Information Requested on EEOC Charge No. 130-2004-03106
PAGES: 5 (including cover sheet)
REMARKS:

A copy of this letter with the attachments is being sent to you in overnight mail.
Please call me if you have any questions.

The communication which follows this Cover Sheet is forwarded and intended only for use by the designated recipient. It may contain privileged or otherwise confidential information not subject to disclosure under the State or Federal Law. If the person or entity reading the communication is not the intended recipient, you are notified that any publication, copying or distribution of the information or message is unauthorized and prohibited. If you have received the communication in error, please contact this agency immediately and return the original message to us at the address shown above. The recipient of this information is required to destroy this information after its stated need has been fulfilled. Thank you.

**STATE OF ALABAMA
DEPARTMENT OF MENTAL HEALTH AND MENTAL RETARDATION
Bureau of Legal Services
Telephone (334) 242-3038
Fax (334) 242-0924**

FACSIMILE TRANSMITTAL SHEET

DATE: 4/6/05 TIME: 9:40 a.m.
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BOB RILEY
GOVERNOR

STATE OF ALABAMA
**DEPARTMENT OF MENTAL HEALTH
AND MENTAL RETARDATION**

RSA UNION BUILDING
100 N. UNION STREET
POST OFFICE BOX 301410
MONTGOMERY, ALABAMA 36130-1410



JOHN M. HOUSTON
ACTING COMMISSIONER

May 5, 2005

**Cover Letter by Facsimile
And By Overnight Mail
With Attachments**

Mr. Roy L. Jackson, Sr., Federal Investigator
U. S. Equal Employment Opportunity Commission
1130 22nd Street South, Suite 2000
Ridge Park Place
Birmingham, AL 35205

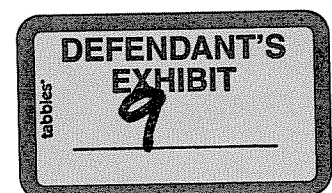
**RE: Follow-Up to Your Request for Additional
Information for Charge No. 130-2004-03106;
Charging Party: Winifred Blackledge**

Dear Mr. Jackson:

This correspondence is a follow up to my response of April 6, 2005, to your request for additional information in the above referenced Charge. In response to your request in paragraph number 3 for personnel files, the DMH/MR submitted the following files as indicated below:

	<u>Name</u>	<u>Exhibit</u>
(1)	Chappell, Celestine A.	D
(2)	Allen, Kathi Guy	E
(3)	Groggel, Mildred	F
(4)	Ezell, Melissa	G
(5)	Blackledge, Winifred A.	H
(6)	Williams, Sherrita	I
(7)	Packer, James	J

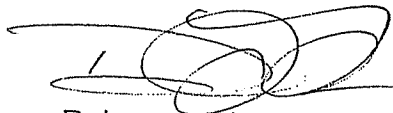
After these files were originally mailed to you, we found that some of the information was not legible, pages were out of order, and confidential information was included. These files have been re-copied and the dates of birth, social security numbers, consumer names, health information, financial information, and names of children have been whited out to address privacy concerns. Please substitute the enclosed personnel files for those files previously sent to you under cover of my letter of April 6, 2005. In addition, please maintain the confidentiality of the files.



Mr. Roy L. Jackson, Sr.
Page 2
May 5, 2005

I apologize for any inconvenience this may cause you. Please contact me if I can be of further assistance.

Sincerely,

A handwritten signature in black ink, appearing to read 'Rebecca J. Luck', with a horizontal line drawn underneath.

Rebecca J. Luck
Assistant Attorney General
Bureau of Legal Services

Attachments

pc: Eranell McIntosh-Wilson
Fordyce Mitchel
Jerryln London
Joan Owens

FROM (Company)		Preprint Format No.		Origin Airbill Number	
STATE OF AL DEPT OF MENTAL HEALTH-RSA UNION BLDG. 100 N. UNION ST. STE 536 MONTGOMERY AL 36104 Sent by (Name/Dept) Kathy Thompson Phone Number (334) 242-3038		MGM 8414297883 Assumed sender unless otherwise noted Airborne Sender account no. 187118078 Airborne Receiver account no. Airborne Customer account no. Check No. \$ Billing Reference will appear on invoice MF1162		5 Service Type One box must be checked with an "X". Express (Letter - 150 lbs) Next Afternoon (Letter - 5 lbs) Next Afternoon delivery to Bold Red destinations only.	
TO (Company) U.S. Equal Employment Opp Comm. 1130 22ND Street So. Ste 2000 Birmingham AL 35205 Attention: (Name/Dept) Roy L. Jackson Phone Number (Important) (205) 212-2073 Description 2.E.O.C. Region III		# of Pkgs 1 Weight (LBS) 13.5 SUBJECT TO CORRECTION Special Instructions <input type="checkbox"/> Saturday Delivery Extra Charge Express Only Not available to all locations <input type="checkbox"/> Lab Pack <input type="checkbox"/> Hold at Airborne <input type="checkbox"/> One box must be checked Letter Express Express Pack Other Packaging		ABSENT A HIGHER SHIPMENT VALUATION, CARRIER'S LIABILITY IS LIMITED TO \$100 PER PACKAGE, OR ACTUAL VALUE, WHICHEVER IS LESS, SPECIAL OR CONSEQUENTIAL DAMAGES ARE NOT RECOVERABLE. SEE TERMS AND CONDITIONS ON REVERSE SIDE OF THIS NON-NEGOTIABLE AIRBILL. SCAC-AIRB FED I.D. NO. 91-0837469	
THANK YOU FOR SHIPPING WITH AIRBORNE EXPRESS Sender's Signature Kathy Thompson Date 5/5/05 Airborne Signature Route No. Date Time		Declared Value Full Insurance Shipment Valuation <input type="checkbox"/> or <input type="checkbox"/> \$.00 Received At <input type="checkbox"/> Drop Box # <input type="checkbox"/> Airborne Terminal		AIRBORNE EXPRESS PO BOX 662, SEATTLE, WA 98111-0662 1-800-247-2676	

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** TX STATUS REPORT **

AS OF MAY 05 2005 14:50 PAGE.01

LEGAL DIVISION

DATE	TIME	TO/FROM	MODE	MIN/SEC	PGS	CMD#	STATUS
26	05/05 14:49	+2052122105	EC-S	00'48"	003	077	OK

STATE OF ALABAMA
DEPARTMENT OF MENTAL HEALTH AND MENTAL RETARDATION
Bureau of Legal Services
Telephone (334) 242-3038
Fax (334) 242-0924

FACSIMILE TRANSMITTAL SHEET

DATE: May 5, 2005 TIME: 2:45 pm
TO: Mr. Roy L. Jackson, Sr.
FAX NO.: (205) 212-2105
FROM: Kathy Thompson
RE: E.E.C. Region III
PAGES: (3) (including cover sheet)

REMARKS:

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